

Updated Hib Interim Vaccination Schedule

Background: On 10/17/08, Merck & Co., Inc. announced it will continue to suspend production of its Hib conjugate vaccines, PedvaxHIB® and Comvax® (Hib/Hep B) until mid-2009. Stocking Hib vaccine to give the booster dose during the shortage can take away from providers who are struggling to provide the primary series doses. Until adequate supplies of Hib vaccine are available, providers should use the following interim Hib recommendations and schedule. Plan to recall children who need the booster dose after the shortage is resolved. MCIR can help with this.

1. **All healthy children (non American Indian or Alaskan Native)** should complete the primary series of Hib vaccine. A primary series of Hib vaccine is 2 doses of PedvaxHib® or Comvax® (hepB/PedvaxHiB) vaccine or 3 doses of ActHiB® or Pentacel® (DTaP/IPV/ActHiB) vaccine administered before the first birthday. The booster dose of Hib (final dose at age 12-15 mo following a completed primary series) should be temporarily deferred until the shortage is resolved.

Examples:

- o If the first 2 doses are given as PedvaxHIB, the primary series is complete. **No** additional Hib dose should be given (2-dose primary series; booster dose deferred)
- o If the first 2 doses are given as ActHIB, give one more dose of Hib to complete the primary series (3-dose primary series; booster dose deferred)
- o If the first 2 doses are given using both brands, or the brand is unknown, give one additional dose of Hib to complete the primary series (3-dose primary series; booster dose deferred)
- 2. Children at increased risk due to asplenia, sickle cell disease, HIV infection, certain other immunodeficiency syndromes and malignant neoplasm should continue to receive the full routinely recommended schedule including the 12-15 month booster dose. These children can receive ActHIB or PedvaxHIB for the primary series and any Hib-containing vaccine, including TriHIBit® (DTaP/Hib) for the booster dose*.
- 3. **American Indian and Alaskan Native children** are at increased risk for Hib disease particularly during their first 6 months of life and should continue to receive the full routinely recommended schedule including the 12-15 month booster dose. PedvaxHIB is preferred, as this vaccine only requires 2 doses to complete the primary series, but ActHIB should be used if PedvaxHIB is unavailable.
- 4. Children, who have not received a full primary series prior to their 1st birthday, should complete an age-appropriate series following the chart below.

2008 CATCH-UP SCHEDULE FOR CHILDREN 4 MONTHS AND OLDER

		Minimum Intervals Between Doses		
Vaccine	Minimum	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4
	Age			
Haemophilus Influenzae type b (HIB)	6 weeks	4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age >15 months	4 weeks if current age <12 months No further doses needed if previous dose administered at age >15 months 8 weeks (as final dose) if current age >12 months and second dose administered at age <15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months

*The booster dose, when applicable or the final dose can be given using any brand of Hib, or Hib-containing combination vaccine (PedvaxHIB®, Comvax®, ActHIB®, Pentacel® or TriHIBit®). However, TriHIBit (DTaP/Hib) cannot be used for any primary series dose of Hib and should only be used if the child has received at least one prior Hib dose. Information and guidance on interim recommendations: www.cdc.gov/mmwr/preview/mmwrhtml/mm56d1219a1.htm. For complete Catch-up Schedule for Persons Aged 4 mo-18 yrs: http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm.